Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS	(Column 1)	(Column 2	2)	SMAI TYPE	LL ENT	Ήτγ ⊐	OR	SMA	HER TH	TITY
	(Column 1)			RA	TE	FEE	[	RA		FEE
TAL CLAIMS	16	NUMBER E	YTRA	BASI	C FEE	355.00	OR	BASIC	FEE . 7	10.00
R	NUMBER FILED	NUMBER		\			OR	X\$1		
TAL CHARGEABLE CLAIMS	5 minus 20=	<u> </u>		-	9=		1	<u> </u>	30=	
DEPENDENT CLAIMS	minus 3 =	:		L X	40=		OR	├─		
JLTIPLE DEPENDENT CLAIM I	PRESENT			+1	35=	135	OR	+27	70=	
f the difference in column 1 i	s less than zero, ent	er "0" in colu	mn 2	TO	OTAL	355	OR		TAL	
the difference in column .	AMENDED - PA	RT II				- NITITV	OR		THER T	THAN NTITY
(Column 1)	(Col	lumn 2) (C	olumn 3)	SI	MALL	ADDL	7	<u> </u>	T	ADDI;
CLAIMS	NU NU		PRESENT	l F	RATE	ADDI- TIONAI	_	R	ATE	TIONA FEE
AFTER AMENDMEN	PHE	VIOUSLY AID FOR	EXTRA		*	FEE	-			PEE
Total *  Independent *  TipeT PRESENTATION OF	Minus **	=			<b>K\$</b> 9=		O	1 ×	\$18=	in Carlo
Independent *	Minus		=		X40=	10 to	O	R 2	K80=	17 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
FIRST PRESENTATION OF	MILITIPLE DEPENDE	ENT CLAIM	图 图		100		o		270=	<b>扩张</b> 加
FIRST PRESENTATION OF	NOCTH CE P		green of the same	才等 建性	1135=	100	- 10	1 (400 kg)		T- 5 - 7
FIRST PRESENTATION OF	MOCH CE				+135= TOTAL		16A ≥ 13 1326 330	法 型为基础	TOTAL	
FIRST PRESENTATION OF					1/2		16A ≥ 13 1326 330	法 型为基础	artist of the second	
FIRST FILE	(C	column 2)	(Column 3	AC	TOTAL		o L	法 型为基础	TOTAL	ADD
(Columnia CLAIMS	<u>1) (C</u>	Column 2) (HIGHEST NÜMBER	PRESENT	AC	TOTAL	ADD	0  -   AL	R AD	TOTAL	TION
(Columnia CLAIMS	1) (C	Column 2): (	经类型管理法	AC	TOTAL DIT. FEE	ADD	0  -   AL	R AD	TOTAL DIT. FEE RATE	TION
(Columnia CLAIMS	1) (C	Column 2) (HIGHEST NÜMBER REVIOUSLY	PRESENT	AC	TOTAL DIT. FEE	ADD TION FEE	O AL	R AD	TOTAL DIT. FEE	ADD TION FEI
(Column CLAIMS REMAININ AFTER AMENDME	1) (C	Column 2) HIGHEST NÜMBER REVIOUSLY PAID FOR	PRESENT	AC	TOTAL DOIT, FEE RATE	ADD TION FEE	O AL	R ADI	TOTAL DIT. FEE RATE	TION
(Column CLAIMS REMAININ AFTER AMENDME	1) (C	Column 2) HIGHEST NÜMBER REVIOUSLY PAID FOR	PRESENT	AC	TOTAL DIT. FEE  RATE  X\$ 9=  X40=	ADD TION FEE	O AL E	R AD	TOTAL DIT FEE  RATE  X\$18=	TION
(Columnia CLAIMS	1) (C	Column 2) HIGHEST NÜMBER REVIOUSLY PAID FOR	PRESENT	AC	TOTAL DOT. FEE RATE X\$ 9= X40= +135= TOT.	ADD TION FEE	O AL	R ADI	TOTAL DIT FEE RATE X\$18= X80= +270=	TION
(Column CLAIMS REMAININ AFTER AMENDME	1) (C	Column 2) HIGHEST NÜMBER REVIOUSLY PAID FOR	PRESENT	AC	TOTAL DIT. FEE  RATE  X\$ 9=  X40=  +135=	ADD TION FEE	O AL	R ADI	TOTAL DIT. FEE RATE X\$18= X80= +270=	TION
(Columnia CLAIMS REMAININ AFTER AMENDME) Total Independent FIRST PRESENTATION C	1) (C	Column 2): HIGHEST NÜMBER REVIOUSLY PAID FOR  DENT CLAIM	PRESENT	AC L	TOTAL DOT. FEE RATE X\$ 9= X40= +135= TOT.	ADD TION FEE	O AL E	R ADI	TOTAL DIT FEE RATE X\$18= X80= +270=	TION FEI
(Columnia CLAIMS REMAININ AFTER AMENDME Total Independent FIRST/PRESENTATION C	1) (C IG PENT	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  (Column 2) HIGHEST NUMBER	PRESENT EXTRA	AE 3)	TOTAL DIT. FEE  RATE  X\$ 9=  X40=  TOTAL ADDIT. FE	ADD TION FEE	O AL E	R ADI	TOTAL DIT FEE RATE X\$18= X80= +270=	TION FEI
(Columnia CLAIMS REMAININ AFTER AMENDME Total Independent FIRST/PRESENTATION C	1) (C IG PF INT Minus **  Minus **  DF MULTIPLE DEPENT  11 ING R	Column 2) HIGHEST NÜMBER REVIOUSLY PAID FOR  DENT CLAIM  (Column 2) HIGHEST	PRESENT EXTRA	AE 3)	TOTAL DOT. FEE RATE X\$ 9= X40= +135= TOT.	ADD TION FEE	O AL E	R ADI	TOTAL DIT: FEE RATE X\$18= X80= +270= TOTA ADDIT: FE	TION FEI
(Columnia CLAIMS REMAININ AFTER AMENDME) Total * Independent * FIRST/PRESENTATION COLUMN CLAIMS	1) (C) IG: PF: INT: Minus ** Minus ** DF:MULTIPLE DEPENT ING: Minus ** Minu	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  (Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	AE 3)	TOTAL DIT. FEE  RATE  X\$ 9=  X40=  TOTAL ADDIT. FE	ADD TION FEE	O I- AL E	R ADI	TOTAL DIT: FEE RATE X\$18= X80= +270= TOTA ADDIT: FE	TION FEI
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(Columnic CLAIMS REMAININ AFTER AMENDME)  Total * Independent * FIRST/PRESENTATION COLUMN REMAINING AFTER AMENDME  CLAIMS REMAIN AFTER AMENDMENT A	1) (C  IG PF  INT Minus **  Minus **  OF MULTIPLE DEPENI  ING P  MENT Minus  Minus  Minus  Minus	Column 2): HIGHEST NÜMBER REVIOUSLY PAID FOR:  DENT CLAIM  (Column 2): HIGHEST NÜMBER PREVIOUSLY PAID FOR:	PRESENT EXTRA	AE 3)	TOTAL DIT. FEE RATE X\$ 9= TOT. ADDIT. FI RATE	ADD TION FEE		R ADI	TOTAL DIT: FEE RATE X\$18= 	TION FEI

<sup>\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.